

Wyoming Community Grant Request Form

Please return this form by email to: Natalie.flood@constellation.com

Or by mail to: **Wyoming Community Grant Program**
c/o Wyoming Community Gas
3704 SE 31st St
Topeka, KS 66605

PART A (to be completed by organization)

Date: 1/10/2023 Amount of Request: \$ \$2500.00
Organization: Town of Saratoga Recreation Department
Address: PO Box 486, Saratoga, WY 82331
Contact Person: Sarah Laughlin, Recreation Director
Fed.ID#: 83-0000689
Telephone: 307-326-8338 Fax: 307-326-8611
Email: rec@saratogawyo.org

-
- Have you, or will you, receive funding from other organizations within the last year?
Y or **(N)** If yes, total dollar amount received: \$ _____
 - Will you be able to complete your objective if only partially funded? **(Y)** or N

PART B Please attach copies of the following:

- (x) Completed Wyoming Community Grant Project Questionnaire
- (x) IRS 501(c) (3) or 501(c) (6) status letter and W-9 form
- (x) Supporting documents
- (x) Project Budget
- (x) Others who financially support the organization & their contribution levels
- (x) List of organization's directors and/or project committee members
- (x) Corporate Status Certificate

I certify that this project meets all criteria as outlined in the guidelines and have provided all documents required in Part B.

X Sarah J. Laughlin

Print Name: Sarah J. Laughlin

Wyoming Community Grant Project Questionnaire

Please answer the following questions omitting any proper names of people, towns or other identifying landmarks to avoid any unfair bias in the grant selection process.

1. Brief description of the program or project for which funding is being requested:

Please see attached documentation

2. Target population: 1600

3. Number of people served: 200

4. Desired impact: To improve the overall physical and mental health of the members of our community and surrounding areas, by offering a variety of fitness equipment for fitness classes, programs and public use.

5. How Wyoming Community Gas and the Wyoming Community Grant Program will be promoted as the grantee: A plaque will be displayed in the fitness room stating equipment withing the low impact fitness room is provided by Wyoming Community Gas and the Wyoming Community Grant Programs. An article will also be sent into the local newspaper and radio station for publication.

WYOMING COMMUNITY GRANT PROGRAM

We are dedicated to providing quality social and recreation programs for the residents of our community and surrounding areas for all ages. There are sports opportunities available for our youth year long and we also have organized physical fitness classes for adults and seniors.

We are requesting \$2,500 to purchase new fitness equipment for the various physical fitness classes we teach and for use of the public; hanging mats, low weight vinyl dumbbells, yoga pillows, and chairs.

The fitness classes we currently have available to the public include 30-minute High Intensity Interval Training (HIIT), Low Impact Fitness, Indoor Cycling, Latin & Middle Eastern Dance, Summer Water Aerobics and QiGong. These programs have had steady participation since we began instruction over 10 years ago. Our current population is growing, and we are seeing an increase in popularity with our fitness classes, especially among the seniors age group.

We have a population of approximately 1,600 individuals and currently we have over 200 people participating in the scheduled physical fitness classes being offered. We anticipate a new group of individuals interested in our fitness classes with the tourism season approaching and we also expect to draw participants from neighboring communities as well. The interest in physical fitness programs and recreation continues to grow and we are charged with the duty of finding new and creative ways to challenge our population and promote healthy lifestyles.

In the project budget, the cost of the various fitness equipment for the proposal is estimated at \$2500.00. The Town will cover the shipping, maintenance, and storage costs beyond the \$2500.00 requested from the Wyoming Community Gas Grant.

Our community is growing at a steady rate, and we continue to evolve to meet the specific needs of all ages in our community. Adult and senior fitness classes are a great social time which lead to a decrease in the risk of depression, anxiety, loneliness, and isolation. Physical fitness classes for adults and seniors are designed to provide focused and gradual progression to achieve fitness goals. With the help of this grant, we will be able to expand our programs to accommodate more participants and help them reach their health, and overall fitness goals.

Form

W-9(Rev. October 2018)
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**Give Form to the
requester. Do not
send to the IRS.► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Town of Saratoga

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.☐ Individual/sole proprietor or single-member LLC☐ C Corporation☐ S Corporation☐ Partnership☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.☒ Other (see instructions) ►**Government**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

PO Box 486

6 City, state, and ZIP code

Saratoga, WY 82331

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.**Part I Taxpayer Identification Number (TIN)**Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

[] [] [] - [] [] - [] [] [] []

or

Employer identification number

8 3 - 6 0 0 0 0 8 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.Sign
HereSignature of
U.S. person ►

Mancini

Date ►

11/24/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

RESOLUTION NO. 2023-02

A RESOLUTION AUTHORIZING SUBMISSION OF A COMMUNITY IMPROVEMENT GRANT APPLICATION TO WYOMING COMMUNITY GAS ON BEHALF OF THE GOVERNING BODY OF THE TOWN OF SARATOGA FOR THE PURPOSE OF PURCHASING FITNESS EQUIPMENT FOR VARIOUS FITNESS CLASSES AND PROGRAMS IN SARATOGA, WYOMING

WHEREAS, the Governing Body of the Town of Saratoga desires to participate in the Wyoming Community Gas Grant program to assist in financing the project; and

WHEREAS, the Governing Body of the Town of Saratoga recognizes the need for the project; and

WHEREAS, the Wyoming Community Gas Grant program requires that certain criteria be met, and to the best of our knowledge this application meets those criteria; and

NOW THEREFORE BE IT RESOLVED BY THE GOVERNING BODY OF SARATOGA, that a grant application in the amount of \$2500.00 be submitted to Wyoming Community Gas for consideration to assist in purchasing fitness equipment for various fitness classes and programs.

PASSED, APPROVED, AND ADOPTED this 17th day of January, 2023.

**THE TOWN OF SARATOGA,
a Wyoming Municipal Corporation**

Chuck Davis,
Mayor

ATTEST:

Marie Christen,
Clerk

**WYOMING COMMUNITY GRANT PROGRAM
TOWN OF SARATOGA
PURCHASE FITNESS EQUIPMENT**

PROJECT BUDGET

Materials

10 Yoga Pillows	\$ 399.90
15 Banquet Chairs	\$ 899.85
10 Premium Hanging Club Mat	\$ 445.00
5 Premium Hanging Club Mat (tall)	\$ 252.50
5 2lb vinyl dumbbell sets	\$ 55.00
3 5lb vinyl dumbbell sets	\$ 56.85
3 8lb vinyl dumbbell sets	\$ 89.85
3 10lb vinyl dumbbell sets	\$ 103.50
3 15lb vinyl dumbbell sets	\$ 148.50
2 12lb vinyl dumbbell sets	\$ 83.90
5 3lb vinyl dumbbell sets	\$ 67.50

Total cost of equipment	\$ 2602.35
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Shipping, handling and tax	\$ 0.00
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Total cost of the project	\$ 2602.35
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Your Shopping Cart



Premium Hanging Club Mat

SKU: 93836

Size: 56"x23"x3/8"

10

\$445.00



Premium Hanging Club Mat

SKU: 93842

Size: 72"x23"x3/8"

5

\$252.50



Deluxe Vinyl Dumbbell Prime

SKU: 96930

2 lbs Lime Green Pair

5

\$55.00



Deluxe Vinyl Dumbbell Prime

SKU: 96933

5 lbs Purple Pair

3

\$56.85



Deluxe Vinyl Dumbbell Prime

SKU: 96936

8 lbs Orange Pair

3

\$89.85



Deluxe Vinyl Dumbbell Prime

SKU: 96938

10 lbs Red Pair

3

\$103.50

**Deluxe Vinyl Dumbbell Prim** 3**\$148.50****SKU:** 96940
15 lbs Purple Pair**Deluxe Vinyl Dumbbell Prime**2 **\$83.90****SKU:** 96939
12 lbs Light Blue Pair**Deluxe Vinyl Dumbbell Prime**5 **\$67.50****SKU:** 96931
3 lbs Red Pair

Cart Summary

Subtotal: \$1,302.60

Shipping: \$0.00

Tax: ⓘ \$0.00

Total: \$1,302.60

Checkout (25 items)

1 **Shipping address** Town of Saratoga Rec Dept
214 W Elm St
Saratoga, WY 82331
[Add delivery instructions](#) [Change](#)

2 **Payment method**  American Express ending in 1004 [Change](#)
[Billing address:](#) Same as shipping address.
[Add a gift card or promotion code or voucher](#)

3 **Offers** [Change](#)

4 **Review items and shipping**

Want to save time on your next order and go directly to this step when checking out?

☐ Default to this delivery address and payment method.

Important message

If tax exemption is applied to this order, you acknowledge your tax exemption certificate may be provided to any marketplace seller you purchase from when applicable.

FREE TRIAL

Town, we're giving you 30 days of Prime benefits for FREE

[Try Prime FREE for 30 days](#)

Estimated delivery: Jan. 17, 2023 - Jan. 27, 2023

Items shipped from Amazon.com



Yoga Bolster Pillow for Restorative Yoga - Meditation Pillow with Velvet Cover, Filled with Soft Cotton - Yoga Pillow for Yin Yoga, prenatal Yoga, Meditation - Rectangular Yoga Bolster (Gray)
\$39.99 & FREE Returns

Sold by: XiaoMaGe Store

Amazon Prime eligible [Join now](#)

[Add gift options](#)

Tax Exemption Applied. [Remove](#)

Choose a delivery option:

☒ **Tuesday, Jan. 17 - Friday, Jan. 27**

FREE Shipping

☐ **Friday, Jan. 13 - Friday, Jan. 27**

\$32.59 - Shipping

[Place your order](#)

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

Order Summary

Items (25):	\$1,299.75
Shipping & handling:	\$26.43
Free Shipping:	-\$26.43
Total before tax:	\$1,299.75
Estimated tax to be collected:*	\$0.00

Order total: \$1,299.75

Qualifying offers:

- Free Shipping

[How are shipping costs calculated?](#)

You got free shipping on the eligible items in your order! ([Why aren't all my items eligible?](#))

FREE TRIAL

Town, we're giving you 30 days of Prime benefits for FREE

[Try Prime FREE for 30 days](#)

Estimated delivery: Jan. 17, 2023 - Jan. 20, 2023

Items shipped from First Choice Home

Choose a delivery option:



EMMA + OLIVER
Trapezoidal Back Banquet
Chair, Black Vinyl/Black
Frame

\$59.99

15

Sold by: First Choice Home

Gift options not available
Tax Exemption Applied. [Remove](#)

Tuesday, Jan. 17 - Friday, Jan. 20
FREE Shipping

Place your order

Order total: \$1,299.75

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

Place your order

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

Order Summary

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Order total: \$1,299.75

Qualifying offers:

- Free Shipping

[How are shipping costs calculated?](#)

You got free shipping on the eligible items in your order! ([Why aren't all my items eligible?](#))

*Why has sales tax been applied? [See tax and seller information](#).

Need help? Check our [Help pages](#) or [contact us](#)

For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

Important information about sales tax you may owe in your state

You may return new, unopened merchandise in original condition within 30 days of delivery. Exceptions and restrictions apply. See Amazon.com's [Returns Policy](#).

Need to add more items to your order? Continue shopping on the [Amazon.com homepage](#).

MISSION STATEMENT:

The Saratoga Recreation Department is dedicated to the promotion of multi-seasonal activities that enhance the physical and mental well-being of our citizens and visitors and through these leisure time activities increase the health, morals, safety, prosperity and general welfare of the entire community; and to enhance the beauty and aesthetic value of the community for all who live here or visit.

TOWN OF SARATOGA

CHUCK DAVIS, MAYOR

MICHAEL COOLEY, COUNCIL MEMBER

KATHY BECK, COUNCIL MEMBER

JACOB FLUTY, COUNCIL MEMBER

JERRY FLUTY, COUNCIL MEMBER

RECREATION COMMISSION MEMBERS

DANNY BURAU, PRESIDENT

AMBER WALDRON - VICE PRESIDENT

ABBY RAYMER, SECRETARY

LAUREN CREAGAN

STEVE NICCOLLS

KATHY BECK, COUNCIL REPRESENTATIVE

SARAH LAUGHLIN, RECREATION DIRECTOR

RECREATION DEPT		2022-23
10-445-110	SALARIES	\$42,640.00
10-445-120	PAYROLL BENEFITS (12.6%)	\$5,372.64
10-445-160	HEALTH INSURANCE	\$34,650.00
10-445-170	PENSION FUND (14.94%)	\$6,370.42
10-445-220	ADVERTISING	\$500.00
10-445-230	TRAVEL	\$200.00
10-445-235	TRAINING	\$1,000.00
10-445-240	OFFICE SUPPLIES	\$1,000.00
10-445-241	FITNESS CLASS SUPPLIES	\$1,000.00
10-445-250	REPAIR & MAINT - EQUIPMENT	\$500.00
10-445-256	VEHICLE-FUEL	\$0.00
10-445-262	REPAIR & MAINT - BLDGS/GROUNDS	\$1,500.00
10-445-280	TELEPHONE	\$2,000.00
10-445-310	PROFESSIONAL FEES	\$1,000.00
10-445-483	FITNESS CLASS CONTRACT	\$7,000.00
10-445-484	ORGANIZATION REQUESTS	\$0.00
10-445-485	REIMBURSEMENTS	\$0.00
10-445-486	REC / COM CENTER / GYM EQUIP.	\$10,000.00
10-445-492	RECREATION PROGRAMS	\$3,000.00
10-445-493	OPEN GYM SUPERVISOR	\$7,800.00
10-445-495	SPECIAL EVENTS	\$4,000.00
10-445-520	INSURANCE - PROPERTY	\$0.00
10-445-525	INSURANCE - LIABILITY	\$0.00
10-445-721	REC ADMIN SPEC IMPROV PROJECT	\$0.00
10-445-740	CAPITAL EQUIPMENT	\$500.00
10-445-750	CCSD#2 REC GRANT	\$0.00
10-445-755	TREE BOARD PROJECT GRANT	\$0.00
10-445-762	Equipment	\$4,000.00
10-445-765	(BLACK HILLS) GRANT FUNDS	\$0.00
10-445-767	SPECIAL IMPROVEMENT PROJECTS	\$0.00
10-445-770	CAPITAL IMPROVEMENTS	\$0.00
Total RECREATION DEPT		\$134,033.06

FORM **637**
(Rev. May 1960)

U.S. Treasury Department
Internal Revenue Service

**REGISTRATION FOR TAX-FREE TRANSACTIONS
UNDER CHAPTER 32 OF THE INTERNAL REVENUE CODE**

THIS APPLICATION SHOULD ALSO BE USED BY PRODUCERS AND IMPORTERS OF GASOLINE
AND MANUFACTURERS OF LUBRICATING OIL

A- 198433

Please
type
or
print

NAME OF INDIVIDUAL, CORPORATION, PARTNERSHIP, OR ASSOCIATION

Town of Saratoga

NAME UNDER WHICH BUSINESS IS OPERATED

BUSINESS ADDRESS (Number and Street)

Box 486

(City, Postal Zone, State)

Saratoga, Wyoming 82331

File this application in duplicate with your District Director of Internal Revenue. The original will be validated and returned as your Certificate of Registry. See the instructions on the reverse side.

Application is hereby made for a certificate of registry in the name(s) indicated above. The applicant is of **Town**
(subdivision of a state purchasing items for its exclusive use) selling or purchasing
(Manufacturer, producer, importer, wholesaler, jobber, retailer, or other)

items of all types and affirms that the use of the articles purchased or sold tax free is to be for the exempt purposes specified in
(Type of product)

the applicable provisions of the law and regulations and understands that the misuse of this certificate will lead to its revocation and/or the penalties provided by law.

I declare under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is a true, correct, and complete application.

Signature **L. L. Ward** Title **Town Clerk** Date **July 13, 1964**

District Director's Validation

A certificate of registry for the above-named applicant is approved and issued under the number indicated above.

Paul A. Schuster By **L. L. Hohn** Date **JUL 30 1964**
District Director of Internal Revenue

COUNTY OF CARBON.)

Notice.

Notice is hereby given that, an election held at Saratoga, Carbon County, Wyoming, on August 7th, 1900, for the purpose of voting on the proposition to incorporate the town of Saratoga, there were cast a total of one hundred and forty-nine votes. There being one hundred and forty-three votes cast for incorporation and six votes against incorporation.

Witness my hand and seal this 10th day of August, 1900.

D. T. Dunlap,
County Clerk.

(Seal.)

THE SARATOGA SUN, a weekly newspaper of general circulation, published once each week at Saratoga, Carbon county, State of Wyoming;

that the notice attached hereto and which is a part of this affidavit

and a part of the proof of the incorporation papers of the town of Saratoga, Wyo.

was published in said newspaper for 1 consecutive weeks, the first publication having been made on the 16th day of August.

A. D. 1900; that said notice was published in the regular and entire issue of every number of the paper during the period and times of publication, and that said notice was published in the newspaper proper and not in a supplement.

In witness whereof, I have hereunto set my hand this 25th day of July, A. D. 1900.

Notary Public

Dist. of Wyo.

Streamlined Sales Tax Agreement
Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to your supplier and keep a copy for your records.

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. ☐ Check if you are attaching the Multistate Supplemental form.

WY

If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

2. ☐ Check if this certificate is for a **Single Purchase Certificate**. Enter the related invoice/purchase order # _____.

3. **Print or type**

A. Name of purchaser			
Town of Saratoga			
B. Business address	City	State	Zip code
PO Box 486, 110 E. Spring Ave.	Saratoga	WY	82331
C. Purchaser's tax ID number	State of Issue	Country of Issue	
D. If no tax ID number, enter one of the following: FEIN 83-6000089			
E. Driver's License Number/State Issued ID number	State of Issue		
F. Foreign diplomat number			
G. Name of seller from whom you are purchasing, leasing or renting			
H. Seller's address	City	State	Zip code

4. **Purchaser's Type of business.** Circle the number that best describes your business.

Circle type of business

- ☐ 01 Accommodation and food services
☐ 02 Agriculture, forestry, fishing, hunting
☐ 03 Construction
☐ 04 Finance and insurance
☐ 05 Information, publishing and communications
☐ 06 Manufacturing
☐ 07 Mining
☐ 08 Real estate
☐ 09 Rental and leasing
☐ 10 Retail trade

- ☐ 11 Transportation and warehousing
☐ 12 Utilities
☐ 13 Wholesale trade
☐ 14 Business services
☐ 15 Professional services
☐ 16 Education and health-care services
☐ 17 Nonprofit organization
☒ 18 Government
☐ 19 Not a business
☐ 20 Other (explain) _____

5. **Reason for exemption.** Circle the letter that identifies the reason for the exemption.

Circle or check reason for exemption

- A ☐ Federal government (Department) _____
B ☒ State or local government (Name) Saratoga, Wyoming
C ☐ Tribal government (Name) _____
D ☐ Foreign diplomat # _____
E ☐ Charitable organization # _____
F ☐ Religious organization # _____
G ☐ Resale # _____

- H ☐ Agricultural Production # _____
I ☐ Industrial production/manufacturing # _____
J ☐ Direct pay permit # _____
K ☐ Direct Mail # _____
L ☐ Other (Explain) _____
M ☐ Educational Organization # _____

6. **Sign here** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser

Print name here

Title

Date

Sarah Coughlin

Sarah Coughlin

Rec Director

1/10/23